

PRESCRIPTION DRUG BENEFIT – SCHEDULE OF BENEFITS

PREVENTIVE DRUG LIST

If using a preferred pharmacy and with a prescription, the medications on the preventive list are covered with no out of pocket cost to the member if eligibility criteria are met.

DRUG CATEGORY	ELIGIBILITY CRITERIA
Aspirin	Persons younger than 70
Fluoride	Persons from 6 months to <17 years
Folic Acid	Persons < age 51
Breast Cancer-Primary Prevention	Subject to Prior Authorization: <ul style="list-style-type: none"> • Tamoxifen (generic) • Soltamox (Tamoxifen liquid) (brand) • Exemestane (generic) • Raloxifene (generic) • Anastrozole (generic)
Vaccines	See Preventive Health Care Guidelines available online at osuhealthplan.com under Forms and Downloads
HIV Pre-Exposure Prophylaxis (PrEP)	Emtricitabine/Tenofovir Disoproxil Fumarate (generic)
Medications used to prepare for Colonoscopy	Certain bowel preparation agents for persons ≥ 45 years of age
Statins	Low- to moderate-dose statins for persons ≥ 40 years and ≤ 75 years these medications include: <ul style="list-style-type: none"> • Atorvastatin ≤ 20mg • Fluvastatin ≤ 80 mg • Lovastatin ≤ 40 mg • Pravastatin ≤ 80 mg • Rosuvastatin ≤ 10 mg • Simvastatin ≤ 40 mg

CONTRACEPTIVE COVERAGE

DRUG/DEVICE CATEGORY	ELIGIBILITY CRITERIA
Covered products include all FDA-approved 16 contraceptive methods available through the pharmacy benefit. See Preventive Health Care Guidelines available online at osuhealthplan.com under Forms and Downloads.	Persons < age 51years

TOBACCO CESSATION

DRUG CATEGORY	ELIGIBILITY CRITERIA
Prescription and Over-the-Counter products with a physician prescription	Person 18 and older.